



Complete this form and sign it.

Fax to 605.773.5929

Or mail to:

Accounting Department
Office of the State Auditor
500 E Capitol Ave.
Pierre, SD 57501

ONE TIME ONLY DIRECT DEPOSIT

Attach this form to voucher and support for one time payment that is sent to the State Auditor

The following information is provided to the Office of the State Auditor to authorize the direct deposit of a one-time payment into the depository below, and to initiate any debit or credit entries to correct any errors that have occurred.

Vendor Information:

Vendor Business Name: _____

Taxpayer Identification Number (TIN): _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Banking Information:

Account Number: _____

Bank Routing Number (ABA): | : _____ | :

☐ Checking ☐ Savings

Name on Account: _____

Bank Name and City: _____

Name of person authorizing direct deposit: _____

Signature (required): _____

Become a Registered Vendor

To be a registered vendor with the State of South Dakota you will need to complete the Bureau of Finance & Management Vendor ACH Authorization Form at the following web address. This will allow all payments from the State of South Dakota to be made electronically to your account.

<http://www.state.sd.us/bfm/vendor/ach.htm>